

**Request for assignment of AMCOM logon and password for the
Joint Engineering Data Management Information and Control System
(JEDMICS) and Engineering Data Information System (EDIS) per AR 380-19 (See
accompanying Privacy Act Statement)**

Part I - To Be Completed By Requesting Organization

1. Request is: ☐ New ☐ Change ☐ Cancel Logon
2. Requester is: ☐ DoD Civilian ☐ DoD Contractor ☐ Military
3. Name of Requester printed) _____
4. For Name Change, (Enter Name as Changed) _____
5. Requester's Office Symbol _____
6. SSN _____ Building Number _____
7. Phone Number ☐ Local ☐ DSN _____
8. Email address _____

9. For DoD Contractor (All information must be provided)

Company Name/Address/Phone _____

Contract Number _____ Exp. Date _____

Government Sponsor's Name/Phone/Office Symbol _____

Attachments: Excerpt from Scope of Work (directly out of contract),
Clearance Letter (signed by Facility Security Manager) stating:
requester's name, Social Security number, clearance level, clearing
agency and date of clearance granted.

10. Access Request (Check applicable item(s))

- ☐ JEDMICS ☐ PC JEDMICS
 ☐ Limited Rights (access to this data requires a clearance and a
 detailed justification signed by the supervisor)

☐ EDIS

Permissions listed below require a clearance and a detailed
justification signed by the supervisor

Data Access to:

- ☐ Limited Rights ☐ Procurement Sensitive
☐ Other (Specify) _____

Permissions:

Group Member of:

- | | |
|--|---|
| <input type="checkbox"/> 0 - AdHoc | <input type="checkbox"/> 13 - TEST |
| <input type="checkbox"/> 1 - Daily Downloads | <input type="checkbox"/> 14 - Event5 PRE |
| <input type="checkbox"/> 2 - TDA | <input type="checkbox"/> 15 - Event5 LIVE |
| <input type="checkbox"/> 3 - WDD | <input type="checkbox"/> 16 - SAA |
| <input type="checkbox"/> 4 - PKG | <input type="checkbox"/> 17 - EBT |
| <input type="checkbox"/> 5 - RSD | <input type="checkbox"/> 18 - EBV |
| <input type="checkbox"/> 6 - ENS | <input type="checkbox"/> 19 - SDP |
| <input type="checkbox"/> 7 - QA AVN | <input type="checkbox"/> 20 - TRANS |
| <input type="checkbox"/> 8 - QEZ | <input type="checkbox"/> 21 - DIA |
| <input type="checkbox"/> 9 - SSI | <input type="checkbox"/> 22 - System |
| <input type="checkbox"/> 10 - TDM | <input type="checkbox"/> 23 - AVE |
| <input type="checkbox"/> 11 - SSL | <input type="checkbox"/> 24 - ENF |
| <input type="checkbox"/> 12 - STE | <input type="checkbox"/> 25 - HAC |

- ☐ Email notification on datalist transfer.
☐ Email notification on pullfile run.

11. Justification for Requested Access _____

12. Signatures (All blanks must be completed)

Requester _____ Date _____

Terminal Area Security Officer (include TASO appointment memorandum)
TASOs Name/Title/OFC/Phone (printed) _____

TASOs Signature _____ Date _____

Supervisors Name/Title/OFC/Phone (printed) _____

Supervisors Signature_____.

Part II - To Be Completed By Security Office

1. Security Clearance Verification: The requester is certified as:
() No Clearance () Secret () Interim (Expires: _____)
Performing Agency/Expiration _____
2. Login IDs / Passwords have been assigned to the requester named in
Part
I as:
() Login ID(s): _____
Comments: _____
Access Approved/Granted by: _____ Date _____

Part III - Requester's Acknowledgement Statement (To be completed by the requester named in Part I)

1. I hereby acknowledge personal receipt of the Login ID and Passwords(s),
for the JEDMICS System. I realize that I am personally responsible for
any activities in the system accountable to my Login ID and Password. I
will not allow my password to be used by another person, nor will I
allow others to "piggy-back" on my session. I will abide by the
provisions of AR 380-19 and, if my password is one providing access to
classified defense information, of AR 380-5. In the event my password is
lost, forgotten, or I suspect it has been compromised, I will report
immediately to my Terminal Area Security Officer (TASO) or the
Information Systems Security Officer (ISSO) for JEDMICS for resolution.
2. Printed Name _____
3. Signature _____ Date _____

Data Required by the Privacy Act of 1974 Title of Form: Request for Assignment of Loginid(s) and Password(s) Prescribing Directive: AR 380-19

1. Authority: Title 10, USC, Section 3012(g).
2. Principle Purpose(s): a. Social Security Number is required as a
unique code for identifying interactive customers of Data Processing
Activity (DPA) 329B, Data Processing Installation (DPI) T201. b. To
provide readily accessible data for updating on-line and manual customer
files.
**3. Mandatory or voluntary disclosure and effect on individual not
providing information:** Social Security Number required for positive
identification of request and enable retrieval of data from automated
files concerning the individual's computer access privileges. Failure
to furnish information may result in denial of service.